

PATENT
450100-4988

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yoichi Mizutani et al.
Serial No. : 09/354,476
For : IMAGING APPARATUS
Filed : July 15, 1999
Art Unit : 2612
Examiner : Ho, Tuan V

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 17, 2003**

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

William S. Frommer
Signature

June 17, 2003

Date of Signature

REQUEST FOR APPROVAL OF DRAWING CHANGES

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Attention: Official Draftsman

Sir:

Please amend Fig. 1 by inserting --PRIOR ART-- thereon as indicated on the attached photocopy of the drawing.

REMARKS

Entry of the above amendment to Fig. 1 is respectfully requested.

The Commissioner is hereby authorized to charge any insufficient fees or credit any overpayment associated with the above-identified application to Deposit Account 50-0320.

Early and favorable consideration are respectfully submitted.

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:



William S. Frommer

Reg. No. 23,506

(212) 588-0800



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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	5	Minus	** =20	* 0 x	\$18 (9)	= \$ 0
Independent claims	1	Minus	*** =3	* 0 x	\$84 (42)	= \$ 0
Total additional fee for this amendment						\$ 0

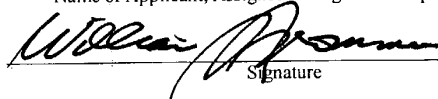
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the first month following the expiration of the term originally set therefor. This is a petition to request a one month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$110.00 is attached, which covers the cost of ☐ additional claims X petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative


Signature


June 17, 2003

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


William S. Frommer
Reg. No. 25,506
Tel: 212-588-0800